Twelve Folds.
at here

Do. Cox

11077

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford — LENGTH OF STAY (in this place) entire life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Daisy E. (Middle) Balderson (Last)

4. DATE OF DEATH (Month) Nov (Day) 19 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 5 1877
9. AGE last birthday 72 yrs. — If under 1 year: Months 4, Days 14 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Talbot
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Alexander Richardson
14. MOTHER'S MAIDEN NAME Mary Dobson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Mary Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — Several yrs

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, generized — Several years

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, ~~19~~, to 11/19/1949, that I last saw the deceased alive on 11/19/, 1949, and that death occurred at 10 p m., from the causes and on the date stated above.

SIGNATURE B. Cox (Degree or title) M-D- ADDRESS Easton Md DATE SIGNED 11/21/49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 11/22/49 — NAME OF CEMETERY OR CREMATORY Oxford — LOCATION (City, town, or county) Oxford (State) Md.

DATE REC'D BY LOCAL REG. 11/20/49 — REGISTRAR'S SIGNATURE N. H. Neeries — 24. FUNERAL DIRECTOR Maurice C. Newnam & Son — ADDRESS Easton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

11078

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queen Anne — LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Talbot Queen Anne.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Queen Anne.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) (Last) Banks

4. DATE OF DEATH: (Month) Nov. (Day) 11 (Year) 1949

5. SEX Male — 6. COLOR OR RACE Col — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single — 8. DATE OF BIRTH (Month, Day, Year) not known — 9. AGE last birthday about 75 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Hand — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Hillsboro Maryland — 12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Alfred Banks — 14. MOTHER'S MAIDEN NAME not known.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — 16. SOCIAL SECURITY No. (If year, give war or dates of service) 218.10.4199 — 17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia Cardiovascular Disease

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE Charles B. Townsend M.D. — (Degree or title) — ADDRESS Queenstown Md — DATE SIGNED Nov. 12, 49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE Nov 13 1949 — NAME OF CEMETERY OR CREMATORY Sandtown — LOCATION (City, town, or county) Near Hillsboro, Md (State)

DATE REC'D BY LOCAL REG. 11/2/49 — REGISTRAR'S SIGNATURE H. B. Merrick — 24. FUNERAL DIRECTOR J. Virgil Moore — ADDRESS Denton Md

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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OCT 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11079

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: TALBOT; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Michaels | LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND; COUNTY: TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Michaels, Md.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) A. (Last) CARR

4. DATE OF DEATH: (Month) Nov. (Day) 6 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 10, 1872

9. AGE last birthday: 77 yrs. | If under 1 year: Months. Days. | If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Talbot Co., Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alexander ~~Unknown~~ Carr

14. MOTHER'S MAIDEN NAME: ~~Unknown~~ Sarah Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Mary Carr, St. Michaels, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

410 Immediate cause (a) Mitral Disease — Interval Between Onset and Death: 12.15.48

Antecedent cause(s)

926 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. Rheumatoid Arthritis — 11.6.49

(c) Cataracts Both Eyes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. General Atheromatosis

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ####

(CITY OR TOWN) ##### (COUNTY) ##### (STATE) #####

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ##########

INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR? ##########

22. I hereby certify that I attended the deceased from 12.15.48, 19....., to 11.6.49, 19....., that I last saw the deceased alive on 11.5.49, 19....., and that death occurred at 1 a.m. m., from the causes and on the date stated above.

SIGNATURE: Ralph D. Lewis (Degree or title) M.D. ADDRESS: St. Michaels, Md. DATE SIGNED: 11.6.49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 8, 1949	Unionville Cemetery	Easton, RFD, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Nov 7, 49	Mrs. Robt. R. Peck	Newnam & Harrison, St. Michaels, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11080

CERTIFICATE OF DEATH

Reg. Dist. No. 29

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - Royal Oak, Md. | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL Royal Oak, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Burnie (Middle) - (Last) Chase

4. DATE OF DEATH: (Month) Nov (Day) 26, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov. 4, 1890

9. AGE last birthday: 59 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Waterman

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Eugene Chase

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: Mrs. Eva Chase, Royal Oak, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval between onset and death:

002 Antecedent cause(s)

131 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/14, 1949, to 11/26, 1949, that I last saw the deceased alive on 11/24, 1949 and that death occurred at 7 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

O J Perkins M.D. | Royal Oak, Md. | 11/27/49

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial | Nov 28, 1949 | St. Paul's Cemetery | Royal Oak, Maryland

DATE REC'D BY LOCAL REG. 11/27/49 | REGISTRAR'S SIGNATURE Mrs Robert L. Lochr

24. FUNERAL DIRECTOR | ADDRESS

Newnam & Harrison, St. Michaels, Md.

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NOV 30 1949
BUREAU V. S.

Dr. Ledger

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11081

Reg. Dist. No. 290

1. PLACE OF DEATH:

County TALLOT

City or town Mathewstown Rural, Easton Md. R.F.D.C.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Talbot

City or town "Matthewstown"
(If outside city or town limits, write RURAL and give nearest town)

Street No. Easton, Md, R.D.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME WILLIAM TILGHMAN CLARK

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	C	Widowed

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 14, 1873

8. AGE: Years	Months	Days	If less than one day
74	5		..... hrs. ..... min.

9. Birthplace Mathewstown Talbot Co.
(Town, county, and state)

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name William Clark
13. Birthplace Caroline Co.

MOTHER
14. Maiden name Unknown
15. Birthplace

16. Informant Beatrice Madden

Address Mathewstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 17/49 (month) (day) (year)

Cemetery or crematory Denton Cemetery

Location Denton Md.

18. Funeral director Earl W. Stafford

Address Easton Talbot Co. Md.

19. 11/15 1949 (Date rec'd by registrar) N. H. Neirieo Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 14 1949, at 2 45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1949, to Nov. 14 1949 and that I last saw him alive on November 12 1949

Immediate cause of death Carcinoma of the prostate — DURATION 18 mos.

Due to

Due to

Other conditions 177 51b (Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Kurt Lederer M.D. M. D. or other

Address Queen Anne Md Date signed 11/16/49

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11082

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 41 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Edward (Last) Davis

4. DATE OF DEATH (Month) Nov. (Day) 30 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Dec. 31, 1878 Not available
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Filling Station
10b. KIND OF BUSINESS OR INDUSTRY Merchant
11. BIRTHPLACE (State or foreign country) Md Talbot Co.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Mr Thomas Edward Davis
14. MOTHER'S MAIDEN NAME Annie Cannon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY No. Unknown
17. INFORMANT Mrs Charlotte Davis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.1 Immediate cause (a) Laennec's Cirrhosis of Liver — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

124a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Alcoholism — Years.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None.
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/9, 1949, to 11/30, 1949, that I last saw the deceased alive on 11/30, 1949, and that death occurred at 5:40 p.m., from the causes and on the date stated above.

SIGNATURE Shepard Keech Jr (Degree or title) MD. ADDRESS Easton, Md. DATE SIGNED 11/30/49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 3 1949
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton (State)

DATE REC'D BY LOCAL REG. 12/1/49
REGISTRAR'S SIGNATURE N. H. Neirus
24. FUNERAL DIRECTOR Maurice E Newman & Son. ADDRESS

RECEIVED
DEC 8 1949
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Dr Cox 11083

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Bertie (Middle) (Last) Dyott

4. DATE OF DEATH (Month) Nov. (Day) 8 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Jan 28, 1878

9. AGE last birthday 71 yrs. If under 1 year Months 10 Days 11 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Dan. McMullin

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Family Friends.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	3 yrs (?)
002 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) c̄ cavity formation	
13b	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/30, 1949, to 11/8/, 1949, that I last saw the deceased alive on 11/6/, 1949 and that death occurred at 1 30/5 m., from the causes and on the date stated above.

SIGNATURE P B Cox (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 11/11/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Nov. 11, 49

NAME OF CEMETERY OR CREMATORY Spring Hill

LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 11/10/49

REGISTRAR'S SIGNATURE M. H. Norris

24. FUNERAL DIRECTOR Edw. Bart ADDRESS Easton Md

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton — LENGTH OF STAY (in this place): 2 Days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bozman.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Earle (Last) Edinger
4. DATE OF DEATH: (Month) Nov. (Day) 13 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: May 25, 1876
9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Inspector - Electrical
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Penn.
12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: Mr Franklin F. Edinger
14. MOTHER'S MAIDEN NAME: Mary Gift
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 120-1-07-1578
17. INFORMANT: Mr F. L. Edinger - Bozman Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
527.1	Immediate cause	(a) Cardiac failure - due to Cor pulmonale	2 mos.
112	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic asthma	25-30 years
		(c) Empyema, pulmonary	(?)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1948, to 13 Nov, 1949, that I last saw the deceased alive on 13 Nov, 1949, and that death occurred at 5:35 p.m., from the causes and on the date stated above.

SIGNATURE: Pauline Harrison (Degree or title) M.D. ADDRESS: Easton, Maryland DATE SIGNED: 13 Nov 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 11/17/49
NAME OF CEMETERY OR CREMATORY: Woodlawn
LOCATION (City, town, or county): Wilkensburg (State): Pa
DATE REC'D BY LOCAL REG.: 11/14/49
REGISTRAR'S SIGNATURE: N. H. Neerus
24. FUNERAL DIRECTOR: Newnam & Harrison ADDRESS: St. Michael Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 15 1949
U.S. PATENT OFFICE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11085

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (in this place) 35 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp -

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) (Last) Fike

4. DATE OF DEATH: (Month) 11 (Day) 10 (Year) 1949

5. SEX M — 6. COLOR OR RACE W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M — 8. DATE OF BIRTH 12/4/89 — 9. AGE last birthday 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Orchardist — 10b. KIND OF BUSINESS OR INDUSTRY orchard — 11. BIRTHPLACE (State or foreign country) West Va — 12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Samuel K. Fike — 14. MOTHER'S MAIDEN NAME Emma Hendrickson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. 7 — 17. INFORMANT Mrs Sallie Fike, Cordova Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebro-Vascular Accident — 1 hr.

331 830 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebro Vascular Accident + Left Hemiplegia — 5 weeks

(c) Hypertension — yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1, 1949, to 11/10, 1949, that I last saw the deceased alive on 11/10, 1949, and that death occurred at 2 50 P m., from the causes and on the date stated above.

SIGNATURE Martin F Bond — (Degree or title) M.D. — ADDRESS Easton Md — DATE SIGNED 11/11/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11/14/49 — NAME OF CEMETERY OR CREMATORY Tuerrey — LOCATION (City, town, or county) Cordova — (State) Md

DATE REC'D BY LOCAL REG. 11/14/49 — REGISTRAR'S SIGNATURE Marguerite Kendall Hollis — 24. FUNERAL DIRECTOR — ADDRESS Easton Md

M. A. Nevins, Registrar

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NOV 16 1989
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9/27

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11086

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lillie (Middle) May (Last) Gibbs.

4. DATE OF DEATH: (Month) Nov. (Day) 8 (Year) 1949

5. SEX: female

6. COLOR OR RACE: Black.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W-W

8. DATE OF BIRTH: 5/30/85

9. AGE last birthday: 64 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Asstry Clerk

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Anne Casey

14. MOTHER'S MAIDEN NAME: Walter Gibbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

181 Immediate cause (a) Paralytic ileus.

52b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) carcinoma of the bladder.

(c) Disruption of abdominal incision

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10.18.49

19b. MAJOR FINDINGS OF OPERATION: metastatic carcinoma in peritoneal cavity

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1945, to Nov 8, 1949, that I last saw the deceased alive on Oct 8, 1949 and that death occurred at 5:12 p.m., from the causes and on the date stated above.

SIGNATURE John F. Schneider. (Degree or title) ADDRESS Easton, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 11/10/49; NAME OF CEMETERY OR CREMATORY: Denton; LOCATION (City, town, or county) (State): Denton Md.

DATE REC'D BY LOCAL REG. 11/9/49; REGISTRAR'S SIGNATURE N.H. Meeres; 24. FUNERAL DIRECTOR: R.B. Rawlings; ADDRESS: Greensboro Md.

11/21

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11087

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton — LENGTH OF STAY (in this place): 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bellevue
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) William (Middle) H. (Last) Kinlock.

4. DATE OF DEATH: (Month) Nov (Day) 30 (Year) 1949

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married.
8. DATE OF BIRTH: March 7 1868
9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Kinlock
14. MOTHER'S MAIDEN NAME: Mary Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown. (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT: Mr Jack Kinlock

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 Immediate cause (a) Coronary occlusion — Immediate

186a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerotic Heart disease?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fract. Single talus rt. 21 Nov 49

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11, 21, 1949, to 11, 30, 1949, that I last saw the deceased alive on 11:30, 1949, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

SIGNATURE: [illegible] Kinnamon (Degree or title) M.D. — ADDRESS: Easton Md — DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 11/30/49 — NAME OF CEMETERY OR CREMATORY: Oceanview — LOCATION (City, town, or county) (State): Staten Island N.Y.

DATE REC'D BY LOCAL REG.: 12/1/49 — REGISTRAR'S SIGNATURE: N.H. Neirus — 24. FUNERAL DIRECTOR: John [illegible] — ADDRESS: Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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DEC 6 1949
BUREAU V. S.

146 Buell Dr

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11088

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY: Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: R.F.D.
LENGTH OF STAY (in this place): 5 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home Trappe Md

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Talbot COUNTY: Co. Trappe
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Trappe
STREET ADDRESS (If rural, give location): Trappe Md, Talbot Co.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Owen Green

4. DATE OF DEATH (Month) (Day) (Year): Nov 15 1949

5. SEX: male
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: July 7, 1900
9. AGE last birthday: 49 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Married
11. BIRTHPLACE (State or foreign country): Trappe Md
12. CITIZEN OF WHAT COUNTRY? yes

13. FATHER'S NAME: Thomas Dickerson
14. MOTHER'S MAIDEN NAME: Josephine Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Minnie Brown, Trappe, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis Bilateral — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

002 Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-20, 1949, to 11/15, 1949 that I last saw the deceased alive on 11/14, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: M L Buell (Degree or title): M.D. ADDRESS: Eaton Md DATE SIGNED: 11/16/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Nov 18
NAME OF CEMETERY OR CREMATORY: Trappe Cemetery
LOCATION (City, town, or county): Trappe (State): Md

DATE REC'D BY LOCAL REG.: 11/16/49
REGISTRAR'S SIGNATURE: N. H. Neeves
24. FUNERAL DIRECTOR: Lewis H. Bayneum ADDRESS: Cambridge Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 18 1949
BUREAU V. S.

Evidence for addition of #21 shown on 9/2

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11089

CERTIFICATE OF DEATH

Reg. Dist. No. 290

FILM No. G 122 NOV 28 1949

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 11
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York COUNTY City of N. Y.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Easton Md

3. NAME OF DECEASED (Type or Print) (First) Lydia (Middle) Francis C. (Last) Ketchen
4. DATE OF DEATH (Month) Nov. (Day) 12 (Year) 1949
5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH March 17, 1870
9. AGE fast birthday 79 yrs. If under 1 year Months 7 Days 25 If under 24 hrs. Hours Mfn.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) New York City N. Y.
12. CITIZEN OF WHAT COUNTRY? N. A.
13. FATHER'S NAME George Washington Clark
14. MOTHER'S MAIDEN NAME Ella F. Tickson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs George Crum, Bridgetown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
904.0 Immediate cause	(a) Carcinoma of Stomach c Metastasis	?
186a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture left hip	8 weeks
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congress left leg.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 2 weeks previous to admission m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Sept., 1949, to 12 Nov 1949, that I last saw the deceased alive on 12 Nov, 1949, and that death occurred at 6:05 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. F. Kinnamon M.D. ADDRESS Easton, Md. DATE SIGNED 13 Nov 49.

23. BURIAL, CREMATION REMOVAL (Specify) Removal & Burial
DATE THEREOF Nov. 14, 1949
NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
LOCATION (City, town, or county) New York (State) N. Y.
DATE REC'D BY LOCAL REG. 11/12/49
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR A. Edw. Clark ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr Harrison
11090

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) (Last) Lambert
4. DATE OF DEATH (Month) Nov. (Day) 23 (Year) 1949
5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Sept. 15, 1862
9. AGE last birthday 87 yrs. — If under 1 year: Months 2, Days 8 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired, R.R. Postal Mail Clerk
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Kent County Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William Henry Lambert
14. MOTHER'S MAIDEN NAME Mary Jane Hamilton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Nellie Burke Lambert.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

155 Immediate cause (a) Carcinoma of the gall bladder — 3 mos.

46 f Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to 23 No, 1949, that I last saw the deceased alive on 23 No, 1949, and that death occurred at 9:30 P m., from the causes and on the date stated above.

SIGNATURE Thurston Harrison (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 25 Nov 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Nov. 26, 1949 — NAME OF CEMETERY OR CREMATORY Spring Hill — LOCATION (City, town, or county) Easton (State) Md.

DATE REC'D BY LOCAL REG. 11/24/49 — REGISTRAR'S SIGNATURE N. H. Neerus — 24. FUNERAL DIRECTOR R. Ellis Clark — ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 2 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11091

Reg. Dist. No. 296

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) One Hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Hurlock
STREET ADDRESS (If rural, give location) Waddell Corner

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) MITCHELL (Last) LITTLE

4. DATE OF DEATH: (Month) (Day) (Year) November 15 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 5/2/1902

9. AGE last birthday: 47 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Gen. Merchan.

11. BIRTHPLACE (State or foreign country): Dorchester Co., Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Little

14. MOTHER'S MAIDEN NAME: Emma Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: 212-03-0598

17. INFORMANT: Mrs Grace Lowe Little

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
919.5 Immediate cause	(a) Intraabdominal hemorrhage due to shot wound.	1 hour
184 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Shock.	1 hour
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY county road

(CITY OR TOWN) (COUNTY) (STATE): Hurlock, RFD, Dorchester Co., Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 11-15-49 2:30 P m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? own shot gun accidently fired.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: John Mace Jr. (Degree or title) ADDRESS: Deputy Medical Examiner, Cambridge, Md. DATE SIGNED: 11-17-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 11/18/1949

NAME OF CEMETERY OR CREMATORY: East New Market Cem.

LOCATION (City, town, or county) (State): East New Market, Maryland

DATE REC'D BY LOCAL REG.: 11/16/49

REGISTRAR'S SIGNATURE: M. H. Meeres

24. FUNERAL DIRECTOR: LeCompte's Funeral Service

ADDRESS: Cambridge, Maryland

VS. A15A

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DEC 3 1949
BUREAU V. S.

SEYMOUR.
11092

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-90

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford. | LENGTH OF STAY (In this place) 13 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Eliza (Last) Longenecker.

4. DATE OF DEATH: (Month) Nov. (Day) 12 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married.

8. DATE OF BIRTH: Oct. 31, 1878

9. AGE last birthday: 71 yrs. If under 1 year: Months 0 Days 12 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Carroll Co. Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Oliver Warfield.

14. MOTHER'S MAIDEN NAME: Laura Hay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. Daniel J. Longenecker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	5 days
331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 61	(b) Arterio Sclerosis and Hypertension	6 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus 15 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1943 to Nov. 1, 1949 that I last saw the deceased alive on Nov. 10th, 1949, and that death occurred at Oxford m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William S. Seymour M.D. ADDRESS Easton Md. DATE SIGNED 11/14/49

23. BURIAL, CREMATION, REMOVAL (Specify): Buried | DATE THEREOF Nov. 14 1949 | NAME OF CEMETERY OR CREMATORY Fairview | LOCATION (City, town, or county) (State) Cordova, Md.

DATE REC'D BY LOCAL REG. 11/13/49 | REGISTRAR'S SIGNATURE N. A. Nevius

24. FUNERAL DIRECTOR ADDRESS Maurice E. Newman & Son Easton, Md.

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BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

11093

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH: COUNTY Talbot; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St.Michaels; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels ? Md.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) David (Middle) Elmer (Last) Parkerson

4. DATE OF DEATH: (Month) Nov. (Day) 7 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 1,1874

9. AGE last birthday: 75 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Asst.Lighthouse Keeper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Talbot County

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John T. Parkerson

14. MOTHER'S MAIDEN NAME: Angie Shockley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) Span-Am.

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Hannah Virginia Parkerson, St.Michaels.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac failure with Decompensation	6 hours
150 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cachexia -(faulty intake)	2 mos. plus
460	(c) Metastatic Carcinoma, (squamous cell) Grade 3 of Esophagus	1 yr. plus

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive cardio-vascular renal disease and arteriosclerosis, generalized — ? years

19a. DATE OF OPERATION: 30 Nov 1948

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Esophagus - middle third - inoperable

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1948, to Nov. 7, 1949, that I last saw the deceased alive on 27 OCT 49, 19..., and that death occurred at 6;15 P m., from the causes and on the date stated above.

SIGNATURE Arthur V. Milholland, M.D. (Degree or title) M.D. ADDRESS Talbot St. - St. Michaels Maryland DATE SIGNED 8 Nov 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE Nov. 10,1949; NAME OF CEMETERY OR CREMATORY Olivet Cemetery; LOCATION (City, town, or county) St.Michaels, Md. (State)

DATE REC'D BY LOCAL REG. Nov 9, 49; REGISTRAR'S SIGNATURE Mrs Wolf. Le Seth

24. FUNERAL DIRECTOR Norman D. Marshall ADDRESS St. Michaels Md

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MARYLAND STATE DEPARTMENT OF HEALTH

11094

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) 23 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 617 Oswell ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) 617 Oswell ave.

3. NAME OF DECEASED (Type or Print): (First) Stella (Middle) Mae (Last) Pope

4. DATE OF DEATH: (Month) 11 (Day) 28 (Year) 1949

5. SEX F

6. COLOR OR RACE Col.

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH 3/4/21

9. AGE last birthday 28 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Lumpton N.C

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Author Pope

14. MOTHER'S MAIDEN NAME Sallie Blackwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. Lost

17. INFORMANT Albert Pope (brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002
13b

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 2mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 27, 1949, to 11/28, 1949, that I last saw the deceased alive on 11/27, 1949, and that death occurred at 8 a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS		DATE SIGNED
W. F. Duvall	Asst	Easton	Md	11/30/49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	12/1/49	Doytown	Talbot County Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/1/49	M. H. Reeves	Leon W. Henry	Easton Md.

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DEC 6 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11095

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) 10-O'clock

3. NAME OF DECEASED (Type or Print) (First) Howard (Middle) Raymond (Last) Potter
4. DATE OF DEATH (Month) Nov. (Day) 4 (Year) 1949
5. SEX Male
6. COLOR OR RACE Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Child
8. DATE OF BIRTH May 18-49
9. AGE last birthday yrs. If under 1 year: Months 5, Days 17; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Easton, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles E. Potter
14. MOTHER'S MAIDEN NAME Almeta Brice
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Chas. E. Potter, Easton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

491

Antecedent cause(s)

107

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 3, 1949, to Nov 4, 1949, that I last saw the deceased alive on Nov 4, 1949, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE M F Bull (Degree or title) Md ADDRESS Easton Md DATE SIGNED 11/7/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Nov. 7-49
NAME OF CEMETERY OR CREMATORY Richards
LOCATION (City, town, or county) Easton, Md (State)
DATE REC'D BY LOCAL REG. 11/7/49
REGISTRAR'S SIGNATURE N. H. Neirees
24. FUNERAL DIRECTOR John D. Williams ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11096

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 70 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) Russ.
4. DATE OF DEATH (Month) Nov. (Day) 16 (Year) 1949

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH 5/1/78
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Russ
14. MOTHER'S MAIDEN NAME Mary Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Mr Benjamin Russ

220-16-9624

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Thrombosis of Left Middle Cerebral Artery	8 days
334 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arteriosclerosis	yrs.
836	(c) Arteriosclerosis Obliterans	3-4 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gangrene of left 4th & 5th toes due to arteriosclerosis obliterans

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to Dec 16, 1949, that I last saw the deceased alive on Dec. 16, 1949, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

SIGNATURE Shepard Krech Jr (Degree or title) MD ADDRESS Easton, Md DATE SIGNED 12/17/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/19/49
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton Md (State)

DATE REC'D BY LOCAL REG. 12/17/49
REGISTRAR'S SIGNATURE N. A. Newbury
24. FUNERAL DIRECTOR [signature]
ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 28 1949
BUREAU V. S.

11/5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11097

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Talbot County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md.
MARYLAND
LENGTH OF STAY (In this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mrs (Middle) Catherine (Last) Schreiber

4. DATE OF DEATH (Month) November (Day) 10 (Year) 1949

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify) Married

8. DATE OF BIRTH Sept 2, 1872

9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Nicholas Kusch

14. MOTHER'S MAIDEN NAME Catherine Kipple

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs Frank Schreiber

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Apoplexy	2 weeks
260 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 61	(b) arteriosclerosis, generalized	?
	(c) Diabetes Mellitus	8 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/5/, 1949, to 11/10, 1949, that I last saw the deceased alive on 11/10/, 1949, and that death occurred at 12 35 a.m., from the causes and on the date stated above.

SIGNATURE B Cox (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 11/11/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/12/49	Holy Cross	Near Greensboro Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/11/49	N.H. Merrick	R.B. Rawlings	Greensboro, Md

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11098

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queen Anne
LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queen anne
STREET ADDRESS (If rural, give location) Main St.

3. NAME OF DECEASED (Type or Print): (First) Emelia (Middle) V. (Last) Sinclair
4. DATE OF DEATH: (Month) Nov (Day) 15 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 4-21-87
9. AGE last birthday: 62 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Talbot Co,
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lloyd Jamart
14. MOTHER'S MAIDEN NAME: Mary Harrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Robt. J. Sinclair Cambridge Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: one hour

Antecedent cause(s) 420.1 94a
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Coronary artery disease
(c) Hypertensive artery disease — 8 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 47, to Nov. 15 49, that I last saw the deceased alive on Nov. 15, 1949, and that death occurred at 6:50 P.m., from the causes and on the date stated above.

SIGNATURE: Robt Lederer (Degree or title) M.D. ADDRESS: Queen Anne Md DATE SIGNED: 11/16/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 11-18-49
NAME OF CEMETERY OR CREMATORY: Dorchester Memorial Park
LOCATION (City, town, or county): Cambridge (State): Md.

DATE REC'D BY LOCAL REG.: 11/16/49
REGISTRAR'S SIGNATURE: M.H. Meeres
24. FUNERAL DIRECTOR: Kenneth L. Thomas ADDRESS: Cambridge

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NOV 28 1949
U.S. GEOL. SURV.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11099

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; MARYLAND; LENGTH OF STAY (in this place) 2 days.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; STREET ADDRESS R.D. #1 (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Charles (Last) White

4. DATE OF DEATH: (Month) Nov. (Day) 2 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated

8. DATE OF BIRTH: March 2, 1882

9. AGE last birthday: 67 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Waterman

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr Oscar D White

14. MOTHER'S MAIDEN NAME: Mary anna Collison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown

16. SOCIAL SECURITY NO.: [illegible]

17. INFORMANT: Mr Herbert andrew

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.0 Immediate cause (a) Arteriosclerotic Heart Disease — 1 year

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, ~~19~~, to 11/2/, 1949, that I last saw the deceased alive on 11/2/, 1949, and that death occurred at 8:45 P.m., from the causes and on the date stated above.

SIGNATURE M Cox (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 11-3-49

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) Burial; DATE THEREOF 11/4/49; NAME OF CEMETERY OR CREMATORY Oxford; LOCATION (City, town, or county) (State) Oxford Md

DATE REC'D BY LOCAL REG. 11/3/49; REGISTRAR'S SIGNATURE M. H. Nevitt; 24. FUNERAL DIRECTOR Maurice E. Donovan; ADDRESS Oxford Md

VS: A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

9 11100

Reg. Dist. No. 29-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels | LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Michaels
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) E. (Last) Willey

4. DATE OF DEATH: (Month) Nov (Day) 25 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov 29 1880

9. AGE last birthday: 69 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): waterman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): St Michaels

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles W. Willey

14. MOTHER'S MAIDEN NAME: Sara Harrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): (If year, give war or dates of service) no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Lola V. Willey, St. Michaels, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: Immed.

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☒ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I ~~attended the deceased from~~ ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ~3 P m., from the causes and on the date stated above.

SIGNATURE: Louis O'Brady (Degree or title) M.D. D.M.E. ADDRESS: Easton Md DATE SIGNED: 11-25-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Nov. 28, 1949 | NAME OF CEMETERY OR CREMATORY: Olivet Cemetery | LOCATION (City, town, or county) (State): St. Michaels, Md.

DATE REC'D BY LOCAL REG.: Nov 27/49 | REGISTRAR'S SIGNATURE: Mrs Robt. R. Lake

24. FUNERAL DIRECTOR: Newnam & Harrison, St. Michaels, Md. ADDRESS

RECEIVED
NOV 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11101

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN outside Trappe
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN outside Trappe
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): 1st (First) Winfield (Middle) (Last) Wroten
4. DATE OF DEATH (Month) 11 (Day) 26 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED,~~ (Specify) Single
8. DATE OF BIRTH May 18, 1880
9. AGE last birthday 69 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Laborer
11. BIRTHPLACE (State or foreign country) Federalsburg Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME George Wroten
14. MOTHER'S MAIDEN NAME Annie Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Randolph Wroten

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
812.5	Immediate cause	(a) Multiple injuries	
170 C	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Auto accident	Immed
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Mercy
(CITY OR TOWN) Rt. 50. Nr. Trappe (COUNTY) Tal. (STATE) Md
TIME OF INJURY (Month) 11 (Day) 26 (Year) 49 (Hour) 05 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Struck by car crossing road

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Louis Wroten M.D. (Degree or title) DMC ADDRESS Easton Md DATE SIGNED 11-26-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/30/49
NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery
LOCATION (City, town, or county) Federalsburg Md. (State)

DATE REC'D BY LOCAL REG. 11/27/49
REGISTRAR'S SIGNATURE N. H. Neirus
24. FUNERAL DIRECTOR J. Harvey Williamson Adams & Williamson
ADDRESS Federalsburg Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 6 1949
BUREAU V. S.